EXPRESS MAIL LABEL NO.	EXPRESS MAIL LABEL NO. EL683917562US PTO/SB/01 (6-95)										
Please type a plus sign (+) inside th	s box 🕂			h 9/30/98. OMB 0651-0032 EPARTMENT OF COMMERCE							
0010/PTO U.S. Department of Rev. 6/95 Patent and Traden		Attorney Docket Numb	oer 650053.	91487							
		First Named Inventor	Dara W.	Frank							
DECLARATION	FOR		COMPLETE IF KNOWN								
UTILITY OR DE	SIGN	Application Number									
PATENT APPLICA	NOIT	Filing Date									
	-t-weekon	Group Art Unit									
Submitted S	eclaration ubmitted after itial Filing	Examiner Name									
As a below named inventor, I hereb	y declare that:										
My residence, post office address a				first and joint inventor (if plural							
I believe that I am the original, first a names are listed below) of the subje	nd sole inventor of ct matter which is	s claimed and for which a p	patent is sought on t	the invention entitled:							
METHOD	OF AND COM THE <i>PSE</i>	MPOSITIONS FOR IMI EUDOMONAS V ANT	MUNIZATION \ IGEN	WITH							
the specification of which		(Title of the Invention)									
X is attached hereto											
OR was filed on (MM/DD/YYYY)		asi	United States Application	n Number or PCT International							
	and way	s amended on (MM/DD/YYYY)		(if applicable).							
Application Number I hereby state that I have reviewed and under		<u>-</u>	a including the claims, a								
I hereby state that I have reviewed and under referred to above. I acknowledge the duty to disclose information											
I hereby claim foreign priority benefits inventor's certificate or §365(a) of an America, listed below and have also id any PCT international application havir	/ PCT international	application which designated checking the box, any foreign	at least one country of anolication for paten	other than the United States of							
Prior Foreign Application Number(s)	Country	Foreign Filing D (MM/DD/YYY)		Certified Copy Attached? YES NO							
n/a											
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Additional foreign applications nur I hereby claim the benefit under Tit				polication(e) listed helpw.							
I hereby claim the benefit under Tit Application Number(s)		Date (MM/DD/YYYY)	Additional	l provisional application							
7,10			numbers are listed on a supplemental priority sheet attached hereto.								

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international													
application is not disclosed in the prior United States application or PCT international application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code \$112, I acknowledge the duty to disclose information which is material to patentability as													
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national or	paragraph of Title 33, Office States Code \$112, acknowing the day the day and the filing date of the prior application and the defined in Title 37, Code of Federal Regulations \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Pa	arent Application	PCT Pa		1			iling Date					ent Numb <i>licable)</i>	er
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	9/448,339				November 23, 1999			9					
DbΔ	Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto												
Ac a par	and inventor I here	by appoint the	followin	a attori	nevi	s) and/o	or agent(s)	to pro	osecut	e this a	soilage	ation and	all
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office													
connecte	connected therewith:												
Firm	n Name							(Custor	ner or	label		
1	OR								Numbe	er			
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	J. McGovern		28,3				S. Flynn T. Pienk						,756 ,997
	Schwartz ⁄I. Baxter		29,4				I G. Rad						,028
). Franzini		31,3	356		Gregory M. Smith							,136
Janine			32,5 35,4				n J. Wie		У				,402 ,589
	. Baker G. Ryser		36,4			David M. Kettner Adam J. Forman						46	,707
	Additional attorney	(s) and/or agent			lague	lementa	al priority s	heet a	attach	ed here	to		
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Please dire	ect all corresponder	nce to	Customei Number	or lab	pel				OR			orrespond s below	ence
Name	Jean C. Bake	r			<u> </u>	<u> </u>							
Address	Quarles & Bra												
Address	411 East Wis		nue Si	iite 20	040)							
	Milwaukee	SCONSIII AVOI	100, 00				ate WI				Zip	5320	2-4497
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Name of	Sole or First Inver	ntor:		1			A petition	has t	oeen fi	led for	this u	nsigned i	nventor
Given	Dara		Middle W		F	amily lame	Frank	Frank			Suffix e.g. Jr.		
Name	-		Linual									1 - 3- 011	1,
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Inventor's Signature											Date		
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Residence: City West Allis State WI Country USA Citizenship USA													
Post Office Address 5425 West Hayes Avenue													
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City 10	City West Allis State WI Zip 53219 Country USA Applicant Authority												
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	DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name	of Add	ditional	Joint Inventor, if	any					A petit	ion has been filed fo	r this u	nsigned ii	nventor
Given Name	Je	annine	9		Middle Initial	n.m.	i Family Name		Wiener-	-Kronish		Suffix e.g. Jr	
Invento Signatu											Date		
Reside	nce: Ci	ity	San Francisco				State	CA	Country	USA	Citiz	enship	USA
Post O	ffice A	ddress	1908 16 th Ave	nue									#11: 17 . 1. <u>1</u> . 1
Post O	Post Office Address												
City	San	Franci	sco	State	WI :	Zip 9	4116		Country	USA		Appl Auth	icant ority
Name	of Add	ditional	Joint Inventor, if	any:		,			A petit	ion has been filed fo	or this u	ınsıgned i	nventor
Given Name		Timoth	ny		Middle Initial	L.	Family Name		Yahr		,	Suffix e.g. Jr	
Invento Signatu											Date		
Reside	nce: C	ity	Hanover				State	W	l Country	USA	Citi	zensip	USA
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Post O	ffice A	ddress											
City	Hano	ver		State	NH :	Zip O	3784		Country	USA		Appl Auth	icant ority
Name	of Add	ditional	Joint Inventor, if	any		_			A petit	ion has been filed fo	or this u	ınsigned i	nventor
Given Name	Те	iji			Midd Initia	Middle Initial n.m.i. Family Name Sawa						Suffix e.g. Jr	
Invento Signatu											Date		
Reside	nce: C	ity	San Francisco	1			State	CA	Country	USA	Citiz	enship	
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City	San F	- ranci:	sco	State	CA	Zip 9	4122		Country	USA		Appl Auth	icant ority
Name	of Add	ditional	Joint Inventor, if	any:					A petit	ion has been filed fo	or this t	ınsigned ı	nventor
Given Name	Ro	bert			Mıddle Initial	В.	Family Name	y _	Fritz			Suffix e.g. Jr	
	Inventor's Signature												
Reside	nce: C	City	Bay View				State	WI	Country	USA	Cit	izenship	USA
Post O	Post Office Address 3205 South Vermont Avenue												
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City	Bay \	∕iew		State	wı :	Zip			Country	USA		Appl Auth	icant ority
	Α	ddition	al inventors are be	ing na	med or	suppl	emental	she	et(s) attach	ned hereto			